

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) quarterly e-mail bulletin. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province.

CVHNS District Coordinators Making A Difference

Cardiovascular Health Nova Scotia has been a provincial program of the Nova Scotia Department of Health since 2004. During the past five years, steps have been taken to monitor and report progress in patient care, guidelines have been developed to assist regional and local hospitals deliver services based on the best available evidence and standards have been established to ensure consistency in the delivery of care from one end of the province to the other. Numerous individuals have directly contributed to this progress. However, one group that deserves to be recognized for their hard work is the CVHNS district coordinators.

In 2004, through discussion with the District Health Authorities (DHA), the need for resources to support local change related to the prevention and management of heart disease was identified. In an effort to increase local capacity and to facilitate program and policy improvements, CVHNS enabled the transition of research coordinators from the ICONS study to district cardiovascular coordinators. Today, the results of these positions are evident. The coordinators have supported local and provincial efforts to move guidelines into practice, they have set up workshops and programs focused on smoking cessation, participated in the advancement of local secondary prevention services, and have been involved with quality assurance projects such as Safer Health Care Now. Their contribution to furthering provincial policy by identifying and supporting local needs is vital to sustained progress. In addition to facilitating improved communication and tangible community-based results, the coordinators have also conducted audits to further explore gaps in care, they have participated in local quality improvement committees, facilitated local education programs, coordinated the sharing of resources, and supported the successful application of new evidence into clinical practice.

In 2008, CVHNS launched the first set of provincially developed Acute Coronary Syndromes (ACS) guidelines designed to suit the specific needs of our province and our patient population. Just as it was important to consider our provincial circumstances in the development of these guidelines, it was also important to consider local needs in their dissemination. How could they best be presented within each district? How should the guidelines be displayed within specific settings such as an emergency department? Who needs to see them? Finding answers to these important questions was a vital step to ensuring that these made-in-Nova-Scotia, evidence-based guidelines would be put into

practice within local hospitals across the province. By working within their DHA, the district coordinators arranged meetings and information sessions at multiple sites, facilitated feedback, and developed, disseminated and implemented plans to enhance guideline use. As a result, specific tools were made for specific settings. The tools include local order sets; posters that were developed and reviewed locally; and point of care tools such as algorithms, care paths, nomograms, referral forms, education checklists, policies, and procedures. Districts are now equipped with ACS guideline information designed to suit their individual settings.

Congratulations to the CVHNS coordinators for making a difference by improving cardiac care in the province.

Learning Opportunities

New Brunswick's Heart Centre's 19th Annual Cardiovascular Symposium, September 17-19, 2009, Saint John, NB. www.ahsc.health.nb.ca/Programs/NBHC (select symposium)

Canadian Stroke Network AGM, October 14-15, 2009, Ottawa, ON.
www.canadianstrokenetwork.ca/agm

Annual Education Conference: Cardiac Nursing Update 2009, October 15-16, 2009, Halifax, NS.
Tel: 473-7674. mary.martin@cdha.nshealth.ca

National Stroke Conference: Management of Stroke 2009: A Comprehensive Canadian Prospective, October 17-18, 2009, Toronto, ON.
www.strokeconsortium.ca

Canadian Cardiovascular Congress, October 23-28, 2009, Edmonton, AB. www.cardiocongress.org

7th World Stroke Conference, October 13-16, 2010, Seoul Korea. Www.world-stroke.org/metings.asp

CVHNS News

CVHNS Network Forum: Focus on Quality of Care Indicators On June 27th, 57 stakeholders from around the province joined us to discuss quality of

care indicators for stroke and acute myocardial infarction. Participants were invited based on their expertise and interest in the topic. The feedback obtained during the meeting will help inform us as we develop/improve our system for monitoring and surveillance. Small and large group discussions provided us with guidance on streamlining current cardiac data collection to improve the timelines of data reporting, key quality indicators for stroke and potential sources of data for monitoring both AMI and stroke. Participant feedback on the meeting was extremely positive.

In follow-up to the meeting, we have started a review of the data fields collected for cardiovascular disease and the relevance, ease of collection and frequency of use of these fields over the last 10 years. A small group will be formed to look at streamlining the cardiovascular data and strategies for reporting additional data. Another small group will be formed to look at strategies for monitoring and reporting on key stroke quality of care indicators. The meeting report will be available soon on our website.

Stroke Coordinator Positions

All District Health Authorities are in the process of enhancing stroke services. One of the key roles involved in coordinating and integrating stroke services at the local level is that of the District

Stroke Coordinators. Stroke Coordinators come from a variety of health disciplines and their responsibilities require a variety of skills. Some of the most important skills required for the role include excellent listening, communication, facilitation, problem solving, and collaboration skills. The ability to assist with translating best practice guidelines into action to improve stroke care is key to the success of these positions. The following Stroke Coordinators have been hired to date: Schelene Swinemar, South Shore Health, Melanie Mooney, South West Health, Deb Mander, Annapolis Valley District Health, and Michelle MacGrath, Pictou and Guysborough Antigonish Strait Health Authorities. The other districts are in the hiring process and soon will be announcing the successful candidates for the role of Stroke Coordinator.

Dysphagia Project Follow Up

CVHNS will partner with Nova Scotia Hearing and Speech Centres and the Heart and Stroke Foundation of Nova Scotia to follow up with health professionals who were trained in dysphagia screening in November 2007. A survey will be sent to all those who had been trained from across the province to learn about their experiences and to identify challenges and further education needs.

DHA News

Collaboration and Integration working well in Pictou County Health Authority In these challenging and exciting times, with limited resources in many sectors, opportunities exist to explore new ways of providing best care to the generations of Nova Scotians we serve every day in health care.

In PCHA, a close look at CVHNS data and the report on Health Care in Nova Scotia, prompted the formation of a team committed to identifying gaps in cardiovascular care. Particular concern existed for high risk patients and the limited post discharge programs in place to address primary and secondary prevention in these individuals and their family members.

Stakeholders were identified and a committee was created. This resulted in a unique blending of acute care workers, and members from the public health and primary health departments. Initial work was very challenging as roles were unknown to each other and working relationships did not exist in these previously separate sectors of health care. Shift work schedules added an additional challenge. As relationships developed, honest and passionate discussions took place, concepts and models were debated. "Silos" continued to be challenged as the team shared their knowledge and came to one common "client centred" vision. What began as a disease specific task group evolved into a multidisciplinary collaborative, taking a holistic approach to chronic disease management.

From its inception, the team was supported by the Vice President Acute Care, as well as the Vice President Community Health. Membership consists of the intensive care and emergency nurses, public health staff, primary health care staff, rehabilitation services, dietitian, pharmacist, cardiac rehabilitation coordinator, and CVHNS district coordinator. This innovative work is fast approaching the creation of a new model that will best serve the needs of residents living with cardiovascular, pulmonary, diabetes, renal and other chronic conditions. For more information, contact Kathy Saulnier, 752-7600, ext. 2480.

CDHA Launches NEW Cardiac Cath Referral Form

A new, more simplified cardiac cath referral form is now available. The form is linked to the *Nova Scotia Guidelines for Acute Coronary Syndromes (2008)* and captures ACS type, triage data and timelines. The data from this form will be used to generate reports to assist the district health authorities in monitoring referrals for cath. Forms can be ordered from the Capital Health print shop by phone 466-8000 or fax 466-8002. Ask for form # CD0720MR *Request for Cardiac Catheterization, PCI or Other Intervention*.

Helpful Resources

2009 Canadian Hypertension Education Program Recommendations

Campbell NRC, Khan NA, Hill MD, et al. 2009 Canadian Hypertension Education Program recommendations: The scientific summary—an annual update. *Canadian Journal of Cardiology*. 2009; 24(5):271-277.

Cardiac Rehabilitation

Scrutinio D, Temporelli PL, Passantino A, Giannuzzi P. Long-term secondary prevention programs after cardiac rehabilitation for reduction of future cardiovascular events. Focus on regular physical activity. July 7, 2009. Visit www.medscape.com/viewarticle/703265.

CNE Telehealth—ACS and Stroke Sessions

The College of Registered Nurses of Nova Scotia recently expanded access to their web based CNE videos. Visit www.crnns.ca for a listing of recorded sessions which are located under the heading education and events: Choose CNE

Telehealth. Stroke Telehealth sessions have also been placed on the CVHNS website www.gov.ns.ca/health/cvhns/publication.asp.

Exercise Recommendations for Older Adults

American College of Sports Medicine, Chodsko-Zajko WJ, Proctor DN, et al. American College of Sports Medicine position stand, Exercise and physical activity for older adults. *Medical Science in Sports and Exercise*. 2009; 41(7):1510-30.

Nova Scotia Renal Program Website

The Nova Scotia Renal Program, a provincial program of the Department of Health is pleased to announce the launch of their new website. Visit www.nsrp.gov.ns.ca.

Smoking Cessation

Rigotti NA. Helping smokers with cardiac disease to abstain from tobacco after a stay in hospital. *CMAJ*. 2009; 338:b2376. Visit www.cmaj.com.

Smith PM, Burgess E. Smoking cessation initiated during hospital stay for patients with coronary artery disease; A randomized controlled trial. *CMAJ*. 2009; 180:1297-1303.

Statins and Cardiovascular Risk

Brugts JJ, Yetgin T, Hoeks SE, et al. The benefits of statins in people without established cardiovascular disease but with cardiovascular risk factors: A meta analysis of randomized controlled trials. *BMJ*. 2009; 338:b2376. Visit www.bmj.com.

Transfer AMI

Cantor W, Fitchett DJ, Borgunvaag B.S. et al. Routine early angioplasty after fibrinolysis for Acute Myocardial infarction. *New England Journal of Medicine*. 2009; 360(26):2705-2718.

Innovative Ideas

Stroke Summit

On July 6th Annapolis Valley Health hosted a Stroke Summit in Kentville. Over 50 participants from all health care disciplines attended to learn more about how the district is planning to improve stroke care. Deb Mander, Stroke Coordinator, introduced stroke team members who discussed their roles. Dr. Gord Gubitz, Stroke Neurologist, QEII, talked about the research behind best practice recommendations for acute stroke management. A local patient who underwent an endarterectomy to prevent a stroke testified about how his health and life have been improved through this preventative procedure. This was a great avenue for increasing awareness of stroke service enhancements in AVH as well as of best practices.. For more information, contact Debora Mander, 679-2657, ext. 3302.

My Stroke Journey and Resource Binder, AVH

This resource is provided to all moderate and severe stroke patients and their families. The purpose is to provide a place where patients can record their story, keep information, track their progress and record questions for the stroke team.

Each binder contains the "Lets Talk About Stroke" patient education booklet. A "My Story" section, completed by the patient/family, assists the health care team in providing considerate and respectful care to patients who may not be able to communicate their needs. It includes their interests, personal preferences, hobbies, work history, music, pets, family, likes and dislikes.

Many family members work during the day and are unable to be present when stroke team members are available. To address the need to

answer questions and provide updates for the family there is a section in the binder for questions and team responses. The binder also contains a journal section for the patient/family to track the patient's progress and/or experiences.

Finally there is a section for "occupational therapy, physiotherapy, speech, nutrition, and other" for patients to put key information or rehab exercises they received from each of the disciplines.

The "Stroke Journey and Resource Binder" has been well received and appears to be meeting some of the communication needs of families, stroke teams and stroke survivors. For more information, contact Debora Mander, 679-2657, ext. 3302.

Staff Awareness of CVHNS Guidelines

Dr. Ravi Parkash, Catherine MacNeil, and Channalee Jensen at Dartmouth General Emergency Department are working together to develop staff awareness of the *Nova Scotia Guidelines for Acute Coronary Syndromes, 2008*. Education has been focused on the importance of improving electrocardiogram (EKG) and Door-to-PCI/fibrinolytic times.

There are two laminated posters highlighting information, and three binder copies of the guidelines available for reference. Copies of the PCI statistics are posted monthly throughout the department, allowing staff to follow progress. Dr. Parkash is following up individually on DGH cases. When meeting the goal PCI time, staff are awarded for their teamwork with a small token.

Education and leadership is focused on the clinical leaders, triage nurses, and paramedics.

From first patient contact in triage they are striving to have an initial EKG to show to the physician within 10 minutes. As they improve EKG times, they hope that meeting the Door-to-PCI/fibrinolytic guidelines will follow. The optimal goals of these initiatives are: Increasing awareness of the guidelines, improving EKG and PCI times and thus advancing cardiovascular care provided in the community. For more information, contact Channalee Jensen, 460-4170.

Enoxaparin Use in 75 Year Olds: Correction

The CVHNS STEMI Guidelines suggest that a bolus dose of enoxaparin be given to patients <75 years of age and omitted for people >75 years of age. This recommendation should have read "in patients ≥75: omit bolus of enoxaparin; provide only SC injection of enoxaparin of 0.75 mg/kg BID (maximum dose 75 mg)." This correction can be made on page 12 of your STEMI guidelines—recommendation 15C. Also, note that Appendix I of the STEMI guidelines (page 39), the equal sign **should be removed from the <75 recommendation and added to the >75 year old category** as outlined above.

The online version of the guidelines has been corrected and is available at www.gov.ca/health/cvhns/ns_guidelines_ACS.pdt.

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The Canadian Hypertension Education Program Provides a Variety of Resources to Help You in Your Practice

The Canadian Hypertension Education Program (CHEP) produces annual, evidence-based, peer-reviewed hypertension recommendations and best practices. CHEP also makes available a variety of resources/tools to assist with getting these recommendations into practice. Resources targeting health care professionals, patients and public are available for viewing or download at <http://hypertension.ca/tools>. You can also sign up for an automated electronic dissemination of materials as these are developed.

Resources available for patient/public education include:

- Power point presentations on general hypertension, diagnosis of hypertension, treatment of hypertension and BP measurement.
- Three brief action tools for use in your practice with individuals
 - ◊ Action tool 1 explains high blood pressure and encourages patients to become more engaged
 - ◊ Action tool 2 informs patients about self management related to lifestyle.
 - ◊ Action tool 3 assist patients in proper home measurement of blood pressure.
- Posters developed to provide a visual outline of key recommendations for proper home blood pressure measurement
- Handouts in a variety of formats for the public/patients, covering the recommendations and how to measure blood pressure at home
- A video developed to increase public and patient awareness on hypertension and hypertension related risks

High blood pressure is the biggest single cause of death in the world. Start educating yourself, your patients and the public today!